

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

(page 1 of 2)

APPLICATION AND MEDICAL HISTORY (1- DAY COURSES FOR ADULTS): Today's Date: _____

Name _____ Date of Birth _____ ☐ Male ☐ Female

Business Address _____ City _____ State _____ Zip _____

Home telephone _____ Business Telephone _____

Name of person to be notified in case of an emergency _____

Home telephone _____ Business Telephone _____

TO THE PARTICIPANT: The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The participant must be emotionally as well as physically prepared for the rigorous demands of the experience.

The Wilderness School provides ample and nutritious meals prepared by the participants. Special dietary requirements cannot always be met. Toilet facilities are limited to latrines and outhouses. Courses occur in remote areas and in all types of weather, including wind, rain, cold, heat and electrical storms. Additional environmental hazards include potential exposure to diseases such as Rabies and Lymes' Disease through contact with animals; and insect bites and stings. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. The use of tobacco, alcohol, and illicit drugs is prohibited.

If there is any doubt about your ability to safely participate in field activities, you should discuss the situation with Wilderness School staff.

MEDICAL HISTORY INFORMATION (to be completed by student and/or Parent/Guardian): Please answer the following questions as completely as possible. Give details at the end of the section. Be specific._

1. ☐ Any problems with vision or hearing -- require glasses, hearing aid, contact lenses
2. ☐ Chronic skin problems -- rash, infection
3. ☐ Frequent infection of throat, tonsils, sinuses, ear
4. ☐ Chronic cough, bronchitis, bloody sputum, pneumonia
5. ☐ Dizzy spells, fainting, convulsions, persistent headaches
6. ☐ Seizure disorder, epilepsy
7. ☐ Palpitation of the heart, irregular heart beat, heart murmurs
8. ☐ Recent illness, injury or surgery
9. ☐ Any severe injury to head, chest, internal organs
10. ☐ Hernia
11. ☐ Diabetes
12. ☐ Kidney infection or stones
13. ☐ Jaundice, hepatitis, TB, meningitis or encephalitis
14. ☐ Frequent diarrhea or constipation, abdominal cramps or severe menstrual cramps
15. ☐ Broken bones, joint dislocations, serious sprains
16. ☐ Problems with knees or feet
17. ☐ Problems with back
18. ☐ Reaction to extremes of temperature -- frostbite, heat exhaustion
19. ☐ Allergies -- medicine, food, insect bites or other substances
20. ☐ Asthma
21. ☐ Medications, please list _____

Please give details on all numbers checked _____

CONSENT AND WAIVER: There are certain inherent risks to be assumed when participating in activities of a physical nature. Wilderness School Instructors will inform participants of safety rules and will conduct all activities in a safe manner. However, the entire responsibility is not the Instructors'. Participants also have a role in maintaining the safety of the group. Participants should call to the attention of the Instructors any situation that seems to be a possible danger to any Wilderness School participant or staff. This could include: **1. Broken equipment; 2. Feeling sick or very tired; 3. Having considerable trouble performing or learning a skill.**

I have read the above information and understand the physical and stressful nature of the Wilderness Challenge course. Consent is granted for participation in the Wilderness School activity. I have described any medical or physical conditions that might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the instructors.

Permission is granted for any medical treatment, emergency anesthesia and/or operation that might become necessary. Permission is also granted for the participant to take non-prescription medications such as aspirin, acetaminophen, ibuprofen, antihistamines, or decongestants under the supervision of program staff.

Permission is granted for participant photo and slide documentation of the course. Consent is also given for those photos and slides to be used in all aspects of Wilderness School functions including slide shows, orientations, pamphlets and newspaper or journal articles.

Participant Signature

Date

MEDICAL COVERAGE:

For our records, answers to the following questions are required in detail.

1. Is the applicant covered by hospitalization and medical care policy? _____
2. If yes, name the Insurance Company issuing the policy _____
3. Please indicate the policy number _____
3. Does the above insurance policy pay for prescription medication? ☐ yes ☐ no _____
4. If not, I will assume full responsibility for any medical costs incurred during my participation at the Wilderness School.

Participant Signature

Date